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LICENSE NUMBER: 0	083800005		CITY OR TOW	N NORTH R	EADING
APPLICATION FOR R	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: K DOING BUSINESS A ADDRESS 123 MAIN		ANT & LOUNG	GE, INC.		
CITY/TOWN: NORT	H READING	STATE: M	ZIP CODE:	01864	
MANAGER: WHITE H.	E, RONALD TYPE	OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LIG	CENSED PREMISE	ES:			
150'X140' BLDG. FIRS	ST FLOOR: 3 DINI	NG ROOMS, KI	TCHEN, BASEME	ENT FOR STOF	RAGE.
I hereby certify and swe	ear under penalties o	f perjury that:			
1. the renewed	license will be of th	e same type for t	he same premises n	ow licensed;	
2. the licensee	has complied with a	ll laws of the Co	mmonwealth relatir	ng to taxes; and	
3. the premises	are now open for b	usiness (If not ex	plain below)		
SIGNED BY	Individual, Partner o	r Authorized Co	rporate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICA	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	ector and the h	ead of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED: (If disapproved explain))				
(ii disappioved explain)	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800006	(CITY OR TOWN	NORTH READING
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: TO THE DOGS RESTAU	URANT MANA	GEMENT CORP.	
DOING BUSINESS A SPORTS, SPIRITS, AND	D STEAKS		
ADDRESS 178 MAIN ST.			
CITY/TOWN: NORTH READING ST	ΓATE: MA	ZIP CODE:	01864
MANAGER: FITZSIMONS,EDW TYPE OF ARD	LICENSE: Resta	urant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
TWO ROOMS FIRST FLOOR, CELLAR FOR			
I hereby certify and swear under penalties of per	•		P 1
 the renewed license will be of the sar the licensee has complied with all law 		_	
3. the premises are now open for busine		•	taxes, and
SIGNED BY			
Individual Partner or Au	thorized Corpora	ite Officer	
Individual, Partner or Au	thorized Corpora	ite Officer	
Individual, Partner or Au	thorized Corpora	ate Officer	
DATE			IDENTIFICATION NUMBER
		EMPLOYER	IDENTIFICATION NUMBER:
DATE	MBER: ssession (1) the c r and the head c	EMPLOYER (Note: NOT Indeceptificate require	ed by Chapter 304 of the nent for the above
DATE: TELEPHONE NUM We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor	MBER: ssession (1) the c r and the head c	EMPLOYER (Note: <u>NOT</u> Indicertificate require of the fire departi	ed by Chapter 304 of the nent for the above
DATE: TELEPHONE NUMBER OF	MBER: ssession (1) the c r and the head c	EMPLOYER (Note: <u>NOT</u> Indicertificate require of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: TELEPHONE NUM We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010. Please Check Below: APPROVED: DISAPPROVED:	MBER: ssession (1) the c r and the head c	EMPLOYER (Note: NOT Indecertificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: TELEPHONE NUM We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010. Please Check Below: APPROVED:	MBER: ssession (1) the c r and the head c	EMPLOYER (Note: NOT Indecertificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: TELEPHONE NUM We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010. Please Check Below: APPROVED: DISAPPROVED:	MBER: ssession (1) the c r and the head c	EMPLOYER (Note: NOT Indecertificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NU	MBER: 083800007		CITY OR TOWN	NORTH RI	EADING
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
LICENSEE N DOING BUSI ADDRESS 25		G CHRISTOPHEF	R CLUB INC.		
	: NORTH READING	STATE: MA	A ZIP CODE:	01864	
MANAGER:		PE OF LICENSE:		CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
DESCRIPTIO	PLEASE ALSO VISIT OUR WON OF LICENSED PREMIS		R EMAIL ADDRESS		-
1. the 2. the	y and swear under penalties renewed license will be of licensee has complied with premises are now open for	the same type for to all laws of the Co	mmonwealth relating		
SIGNED BY	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT	
Acts of 2004,	rsigned, attest that we are signed by the building in e and (2) the certificate of	spector and the h	ead of the fire depar	tment for the	above
Please Check Bel APPROVED: DISAPPROV (If disapproved	ED:		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					
APPLICATION FOI	R RENEWAL MUST BE FILED BY L	ICENSEES DURING TH	E MONTH OF NOVEMBER ((M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER: 083	800009		CITY OR TOWN	NORTH R	EADING
APPLICATION FOR REI	NEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: HO	RSESHOE CAFÉ IN	C.			
DOING BUSINESS A H	ORSESHOE GRILLE	Ξ			
ADDRESS 00226A MAII	N ST.				
CITY/TOWN: NORTH	READING S'	TATE: MA	ZIP CODE:	01864	
MANAGER: LEE, PAT	'RICK TYPE OF	F LICENSE: Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISES:				
ONE STORY C.B. BUILI	DING. FOUR ROOM	IS, NO CELLAI	₹.		
I hereby certify and swear	under penalties of pe	rjury that:			
1. the renewed lic	cense will be of the sa	me type for the	same premises no	w licensed;	
2. the licensee has	s complied with all la	ws of the Comm	onwealth relating	to taxes; and	
3. the premises ar	re now open for busin	ess (If not expla	in below)		
SIGNED BY					
Ind	lividual, Partner or Au	uthorized Corpor	rate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYI	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
We the undersigned, att	rest that we are in no	ssession (1) the	certificate requi	red by Chant	er 304 of the
Acts of 2004, signed by t	_	, ,	-		
named license and (2) the of 2010.	e certificate of liquo	or liability insur	rance required by	y Chapter 116	of the Acts
Please Check Below:			LOCAL LICEN	JSING AUTH	ORITY
APPROVED:			By:	SING ACTIN	OKII I
DISAPPROVED:			2).		
(If disapproved explain)					
DATE:					
	HOT DE EN ED DAY A CONTRA	Era Dunnya muni	NAME OF NOVE OF	ALGI (* 120 * :	
APPLICATION FOR RENEWAL M	OPT BE LIFED BY FICENSE	ES DUKING THE MO	ON TH OF NOVEMBER ((IVI.G.L. Ch. 138 \$ 1)	OA)



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LICENSE NUMB	ER: 083800011		CITY OR TOWN	NORTH R	EADING
APPLICATION F	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM DOING BUSINES ADDRESS 140 N		F MOOSE #1511			
	ORTH ST. ORTH READING	STATE: MA	ZIP CODE:	01864	
					A 11 - A 1 1 1
		E OF LICENSE: C	Club	CATEGORY:	All Alcohol
EMAIL ADDRES		STORE AND ENTERD VOLU	EMAIL ADDRESS		
DESCRIPTION O	PLEASE ALSO VISIT OUR WEE OF LICENSED PREMISE		EMAIL ADDRESS		
	ONE ROOM FIRST, TW		OND, CELLAR FOR	STORAGE.	
	d swear under penalties of				
2. the lice	ewed license will be of the ensee has complied with a mises are now open for b	all laws of the Cor	nmonwealth relating		
SIGNED BY	Individual, Partner o	or Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are i ned by the building insp id (2) the certificate of l	ector and the he	ad of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex	nlain)				
(11 disappioved ex	piam)				_
DATE:					
APPLICATION FOR REM	NEWAL MUST BE FILED BY LIC	ENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUMBE	ER: 083800012		CITY OR TOWN	NORTH REA	ADING
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 201	.3
		CLASS		Y	'EAR
LICENSEE NAME DOING BUSINESS ADDRESS 149 NC CITY/TOWN: NC	ORTH STREET	RPIRSES, INC. STATE: MA	ZIP CODE:	01864	
	GE, BURTON H. TYPE			CATEGORY:	All Alcohol
EMAIL ADDRESS		OF LICENSE.R	Cstaurant C	CATEGORT.	All Alcohol
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMISE				
FIRST FLOOR:LO AREA.	UNGE, DINING ROOM	M, BASEMENT:	LOUNGE, DINING	ROOM, STOR	AGE
I hereby certify and	swear under penalties o	of perjury that:			
1. the rene	wed license will be of th	e same type for th	e same premises nov	w licensed;	
2. the licen	see has complied with a	ll laws of the Con	nmonwealth relating	to taxes; and	
3. the prem	nises are now open for b	usiness (If not exp	plain below)		
SIGNED BY	Individual, Partner o	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICATIOndividual Social Sec	
Acts of 2004, sign	ed, attest that we are in ed by the building insp I (2) the certificate of li	ector and the he	ad of the fire depar	tment for the a	bove
Please Check Below:	1		LOCAL LICEN	SING AUTHO	RITY
APPROVED: DISAPPROVED:			By:		
(If disapproved exp	Llain)				
(areapproved exp	/				
DATE:					
	EWAL MICT DE EU ED DY YO	ENCEEC DURBLE TV	MONTH OF NOVEMBER	MCI Ch 120 h 151	
APPLICATION FOR RENI	EWAL MUST BE FILED BY LIC	ENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A	L)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 083800013		CITY OR TOWN	NORTH READING	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: RSS CONVI	ENIENCE, INC.			
DOING BUSI	NESS A CONVENI	ENCE PLUS			
ADDRESS 7	MAIN ST				
CITY/TOWN:	NORTH READIN	G STATE: M	A ZIP CODE:	01864	
MANAGER:	RAZZZL, MOHAMMED ABDUR	TYPE OF LICENSE:	Package Store CA	ATEGORY: Wine and Malt Regular	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED P	REMISES:			
ONE STORY	CB FRAME CONST	TRUCTION, TOTAL 28	00S.F. EGRESS TO FI	RONT & REAR.	
3. the SIGNED BY		en for business (If not expenses) Partner or Authorized Co			
DATE:	TELE	PHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Belo APPROVED:				ING AUTHORITY	
DISAPPROVI			By:		
(If disapproved					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800014		CITY OR TOWN	NORTH READING
APPLICATION FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: 211 LOWELL S	ST CORP		
DOING BUSINESS A EAST GATE I	LIQUORS		
ADDRESS 14 MAIN ST			
CITY/TOWN: NORTH READING	STATE: MA	ZIP CODE:	01864
MANAGER: WALLS, DANIEL J. T	TYPE OF LICENSE: Pacl	kage Store CA	ΓEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREM RETAIL - 8075 S/F; BACKROOM-58 I hereby certify and swear under penaltant 1. the renewed license will be 2. the licensee has complied was 3. the premises are now open in	sies of perjury that: of the same type for the swith all laws of the Comm	same premises now li	censed;
SIGNED BY Individual, Part	ner or Authorized Corpor	rate Officer	
DATE: TELEPHO	ONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN	NG AUTHORITY
DATE:		-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 083800015		CITY OR TOWN	NORTH RE	EADING
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	ONE STOP LIQUO	RS INC.			
DOING BUSINESS	A				
ADDRESS 265 MAI	N STREET				
CITY/TOWN: NOR	TH READING	STATE: MA	ZIP CODE:	01864	
MANAGER: SILV C.	A, MANUEL TYPI	E OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	EMAIL ADDRESS		•
DESCRIPTION OF I	LICENSED PREMISE	ES:			
ONE FLOOR, FRON 6,000 SQ. FT.	T STORE, COLD CH	IEST AND BACK	ROOM FOR STOR	AGE; APPRO	OX.
	ee has complied with a es are now open for b	ousiness (If not exp	lain below)	taxes; and	
	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	VIBER: 083800017		CITY OR TOW	IN NORTH R	EADING
APPLICATION	N FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
	AME: SHIVA ENTERPRI NESS A CHRISTOPHER'S				
ADDRESS 2 V	VASHINGTON ST				
CITY/TOWN:	NORTH READING	STATE: MA	ZIP CODE:	01864	
MANAGER:	AGGARWAL, TYP NISHI	E OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:	-			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
	N OF LICENSED PREMIS				
	BLDG., NO CELLAR. ON FFICE & SUPPLIES.	E ROOM FOR SEL	LING, ONE FOR	R STORAGE, B	SACK
2. the l	renewed license will be of t licensee has complied with premises are now open for b	all laws of the Combusiness (If not expl	monwealth relatir ain below)		
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:		YER IDENTIFICA' Individual Social	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 083800018		CITY OR TOWN	NORTH RI	EADING
APPLICATION	N FOR RENEWAL:	LICEN	ENSED FOR 2013		
		CLASS			YEAR
LICENSEE NA	ME: PENDLETON VE	NTURES, INC			
DOING BUSIN	NESS A TEDESCHI FOO	D SHOPS			
ADDRESS 202	NORTH ST				
CITY/TOWN:	NORTH READING	STATE: MA	ZIP CODE:	01864	
	PENDLETON, TYI SHAUNA	PE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	OF LICENSED PREMIS				
	BLDG., NO CELLAR, ON		OR STORAGE, 2 LA	VATORIES.	•
	and swear under penalties renewed license will be of		a sama promisas pov	licancade	
	icensee has complied with		_		
	premises are now open for		=	tuxes, and	
	•				
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Belov	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiain)				
					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 083800019	C	ITY OR TOWN	NORTH RE	EADING
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: NEW ENGLAND BEVER	AGE AND RE	DEMPTION COR	P	
DOING BUSINESS A				
ADDRESS 160 MAIN ST				
CITY/TOWN: NORTH READING STA	ATE: MA	ZIP CODE:	01864	
MANAGER: ANTONUCCI, TYPE OF L ALEXANDER	ICENSE: Packa	ige Store CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
TWO STORY BLDG OCCUPYING 9980 SQ FI STORAGE ON SECOND	C. SELLING SI	PACE ON FIRST	FLOOR; OF	FICES &
the licensee has complied with all laws the premises are now open for busines SIGNED BY	s (If not explain	below)	taxes; and	
Individual, Partner or Auth	orized Corpora	te Officer		
DATE: TELEPHONE NUM	BER:	EMPLOYER (Note: NOT Indi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 083800022		CITY OR TOWN	NORTH R	EADING
APPLICATION FOR	R RENEWAL:	Annual LICENSED FOR 2013			013
		CLASS			YEAR
	Hess Mart of Massac A Hess Express 21223 N ST				
CITY/TOWN: NOR		STATE: MA	ZIP CODE:	01864	
	SERTI, DONNATYPE			CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		EMAIL ADDRESS		
	LICENSED PREMISE			WD (A) D C	
STORE FRONT	ORE CONSTRUCTE	OF SPLIT BL	OCK AND ALUMIN	NUM AND GI	LASS
2. the license	ed license will be of the ee has complied with a ses are now open for but	ll laws of the Cor	nmonwealth relating		
SIGNED BY	Individual, Partner o	r Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	083800024		CITY OR TO	OWN NORTH R	EADING
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	ORAZIO, INC				
DOING BUSINESS A	. MARIO'S PIZZEF	RIA AND RESTAU	JRANT		
ADDRESS 00020G M	IAIN ST				
CITY/TOWN: NORT	ΓH READING	STATE: MA	ZIP COD	E: 01864	
MANAGER: GUEV ALFIN	· · · · · · · · · · · · · · · · · · ·	E OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L					
ONE STORY BLDG (RESTROOMS; ENTR					LDG
3. the premise SIGNED BY	e has complied with es are now open for b Individual, Partner	ousiness (If not exp	lain below)	ting to taxes; and	
DATE:	TELEPHONE	E NUMBER:	JMBER: EMPLOYER IDENTIFICATION N		
		(Note: NOT Individual Social Security Num			Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	pector and the hea	d of the fire de	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [If disapproved explain					
(11 disapproved explain	1/				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 083800025		CHY	OK TOWN	NORTHK	EADING
APPLICATION F	OR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
	E: CHINA CUISINE, SS A CHINA CUISINE					
	ORTH READING	CTATE. MA	711	n CODE.	01964	
		STATE: MA		P CODE:	01864	
MANAGER: H	UI, MAY C. TYF	PE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
DECOMPTION	PLEASE ALSO VISIT OUR WI		EMAIL ADDI	RESS		
ONE STORY BL RESTROOMS; E	DF LICENSED PREMIS DG OF APPRO 4000 S NTRANCE AND EGRI	SQ FT WITH KITC ESS LOCATED IN				
•	d swear under penalties				1 1.	
	ewed license will be of ensee has complied with	* *	-			
	mises are now open for			•	o taxes, and	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Of	ficer		
DATE:	TELEPHON	E NUMBER:	(1)			CION NUMBER:
Acts of 2004, sig	ned, attest that we are ned by the building ins nd (2) the certificate of	spector and the he	ad of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved ex						
(11 disapproved ex	piaiii)					
DATE:						
						



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LICENSE NUMBER:	J838UUU28		CITY OR TOW	N NORTH K	EADING	
APPLICATION FOR	RENEWAL:	Annual	nnual LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS A		INC				
ADDRESS 162 PARI	KST.					
CITY/TOWN: NORT	'H READING	STATE: MA	ZIP CODE:	01864		
MANAGER: HALL,	JUDITH A TYPI	E OF LICENSE: Pac	ckage Store	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		J	
DESCRIPTION OF LI	CENSED PREMIS	ES:				
TWO STORY BLDG. EXIT AND TWO DEI STORAGE. 2ND. FLO FLOOR UNIT OF API BACKROOM FOR ST	LIVERY DOORS. 1 OOR FOUR ROOMS PROX 2,348 SQ. FT	ST FLOOR; ONE F S FOR STORAGE,	ROOM FOR SAL TWO ROOMS F	ES,2 ROOMS I OR OFFICES.F	FOR	
I hereby certify and sw	ear under penalties o	of perjury that:				
• •	-	he same type for the	same premises n	ow licensed;		
2. the licensee	has complied with a	all laws of the Comr	nonwealth relatin	g to taxes; and		
3. the premise	s are now open for b	ousiness (If not explain	ain below)			
SIGNED BY	Individual, Partner o	or Authorized Corpo	orate Officer			
DATE:	TELEPHONE	E NUMBER:		YER IDENTIFICAT		
Please Check Below: APPROVED:			LOCAL LICENSING AUTHORITY By:			
DISAPPROVED:(If disapproved explain	<u> </u>))					
DATE:			<u>-</u>			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 083800029		CITY OR TOWN	NORTHRI	EADING
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
	GREAT AMERICA				
ADDRESS 303 MA		711 171 VEICE			
CITY/TOWN: NO		STATE: MA	ZIP CODE:	01864	
	NCHI, RENEE TYP	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DECORPTION OF	PLEASE ALSO VISIT OUR WELL		MAIL ADDRESS		
ONE STORY BLDO	LICENSED PREMIS G WITH SEATING CA ONT AND REAR OF E	APACITY FOR 200) PEOPLE; ENTR	ANCE AND E	GRESS
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	ved license will be of the	he same type for the	same premises no	w licensed;	
	see has complied with		Į.	to taxes; and	
3. the prem	ises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
			(11010. <u>1101</u> 1	narviadai Sociai S	ceurity (vaniser)
Acts of 2004, signe	ed, attest that we are indeed by the building insp (2) the certificate of i	pector and the head	d of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	am)				
			·		
DATE:					